

CONTAINS NO CBI



Form Approved
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EPA-OTS



000622676T

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Comprehensive Assessment Information Rule

REPORTING FORM

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When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____



CONTAINS NO CBI

GE Major Appliance
Business Group

General Electric Company
1540 South 54th Avenue, Cicero, IL 60650-1899
312 780-2600

July 5, 1989

Document Process Center
Office of Toxic Substances TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC

ATTENTION: CAIR REPORTING OFFICE

Dear Sir:

Enclosed is a copy of the completed CAIR form for the General Electric, Cicero, Illinois, facility.

If you have any questions, please call me at (312) 780-2509.

Very truly yours,

Robert S. Anderson
Safety and Environmental
Engineer

RSA/mmr

Enclosure

00 JUL -5 AM 9:00
OFFICE OF TOXIC SUBSTANCES
U.S. ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C.

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been

CBI completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule N/A

(ii) Name of mixture as listed in the rule N/A

(iii) Trade name as listed in the rule N/A

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule N/A

CAS No. of chemical substance [N/A][][][][]-[][]-[]

Name of chemical substance N/A

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI
☐ Yes ☒ Go to question 1.04
☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI
☐ Yes 1
☐ No (2)

b. Check the appropriate box below: N/A

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

(1.05) If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI
Trade name MORAY

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes 1

No (2)

(1.06) Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI
☐ "I hereby certify that; to the best of my knowledge and belief, all information entered on this form is complete and accurate."

JEFFERY SUOBODA
NAME

PLANT MANAGER
TITLE

[Signature]
SIGNATURE

(312) 780 - 2800
TELEPHONE NO.

7-5-89
DATE SIGNED

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission. N/A

NA "I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NAME	SIGNATURE	DATE SIGNED
TITLE	() TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted. N/A

NA CBI ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NAME	SIGNATURE	DATE SIGNED
TITLE	() TELEPHONE NO.	

1.09 Facility Identification

[illegible]

Street

[illegible]

City

74 60534 -- [] [] [] []

State

Zid

Dun & Bradstreet Number [1][0]-[3][3][2]-[2][6][9][9]

EPA ID Number[9][8][0][5][0][3][0][2][3]

Employer ID Number1[4]0689340

Primary Standard Industrial Classification (SIC) Code[3][6][3][2]

Other SIC Code N/A [] [] [] []

Other SIC Code N/A [] [] [] []

CBI Name G E N E R A L E L E C T R I C C O M P A N Y

[] Address [3][1][3][5] [E][A][S][T][O][N] [T][U][R][N][P][I][K][E]

Street

[illegible]

City

[C]T 06431--()

State

Zip

Dun & Bradstreet Number[0][0]-[1][3][6]-[7][9][6][0]

Employer ID Number1[4][0][6][8][9][3][4][0]

6

1.11 Parent Company Identification

CBI Name [G][E][N][E][R][A][L][E][L][E][C][T][R][I][C][C][O][M][P][A][N][Y][][]
[] Address [3][1][3][5][E][A][S][T][O][N][T][U][R][N][P][I][K][E][][][]
Street
[F][A][I][R][F][I][E][L][D][][][][][][][][][][][][][]
City
[C][T][][0][6][4][3][1][][][][]
State Zip
Dun & Bradstreet Number[0][0]-[1][3][6]-[7][9][6][0]

1.12 Technical Contact

CBI Name [R][O][B][E][R][T][A][N][D][E][R][S][O][N][][][][][][][][][]
[] Title [S][A][F][E][T][Y][E][N][V][I][R][O][N][M][E][N][T][A][L][E][N][G]
Address [1][5][4][0][S][3][4][T][H][A][V][E][][][][][][][][][]
Street
[C][I][C][E][R][O][][][][][][][][][][][][][]
City
[I][L][][6][0][5][3][4][][][][]
State Zip
Telephone Number[3][1][2]-[7][8][0]-[2][5][0][9]

1.13 This reporting year is from [0][1] [8][8] to [1][2] [8][8]
Mo. Year Mo. Year

[] Mark (X) this box if you attach a continuation sheet.

NA

 N/A [illegible][illegible]

Street

City

City

[][] [][][][]--[][][][]
State Zip

State

Zinc

Employer ID Number [] [] [] [] [] [] [] []

Date of Sale () () () ()
Mo. Day Year

Mo.

Day

Year

Contact Person [][][][][][][][][][][][][][][][][][][][]

Telephone Number() () () - () () () - () () () ()

NA.

$$N/A$$
[illegible][illegible]

Street

City

City

 --
State Zip

State

Zir

Employer ID Number [] [] [] [] [] [] [] []

Date of Purchase [] [] [] [] [] []
Mo. Day Year

Mo.

Day

Year

[illegible]

Telephone Number() () () -() () () -() () ()

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐ Classification Quantity (kg/yr)

Manufactured N/A

Imported N/A

Processed (include quantity repackaged) 982,901

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year N/A

For on-site use or processing N/A

For direct commercial distribution (including export) N/A

In storage at the end of the reporting year N/A

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 909 Kg

Processed as a reactant (chemical producer) N/A

Processed as a formulation component (mixture producer) N/A

Processed as an article component (article producer) 982,901 Kg

Repackaged (including export) N/A

In storage at the end of the reporting year 1364 Kg

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

N/A

[]

Average %
Composition by Weight
(specify precision,
e.g., 45% ± 0.5%)

Component Name	Value
1.1	1.1
1.2	1.2
1.3	1.3
1.4	1.4
1.5	1.5
1.6	1.6
1.7	1.7
1.8	1.8
1.9	1.9
1.10	1.10
1.11	1.11
1.12	1.12
1.13	1.13
1.14	1.14
1.15	1.15
1.16	1.16
1.17	1.17
1.18	1.18
1.19	1.19
1.20	1.20
1.21	1.21
1.22	1.22
1.23	1.23
1.24	1.24
1.25	1.25
1.26	1.26
1.27	1.27
1.28	1.28
1.29	1.29
1.30	1.30
1.31	1.31
1.32	1.32
1.33	1.33
1.34	1.34
1.35	1.35
1.36	1.36
1.37	1.37
1.38	1.38
1.39	1.39
1.40	1.40
1.41	1.41
1.42	1.42
1.43	1.43
1.44	1.44
1.45	1.45
1.46	1.46
1.47	1.47
1.48	1.48
1.49	1.49
1.50	1.50
1.51	1.51
1.52	1.52
1.53	1.53
1.54	1.54
1.55	1.55
1.56	1.56
1.57	1.57
1.58	1.58
1.59	1.59
1.60	1.60
1.61	1.61
1.62	1.62
1.63	1.63
1.64	1.64
1.65	1.65
1.66	1.66
1.67	1.67
1.68	1.68
1.69	1.69
1.70	1.70
1.71	1.71
1.72	1.72
1.73	1.73
1.74	1.74
1.75	1.75
1.76	1.76
1.77	1.77
1.78	1.78
1.79	1.79
1.80	1.80
1.81	1.81
1.82	1.82
1.83	1.83
1.84	1.84
1.85	1.85
1.86	1.86
1.87	1.87
1.88	1.88
1.89	1.89
1.90	1.90
1.91	1.91
1.92	1.92
1.93	1.93
1.94	1.94
1.95	1.95
1.96	1.96
1.97	1.97
1.98	1.98
1.99	1.99
2.00	2.00
2.01	2.01
2.02	2.02
2.03	2.03
2.04	2.04
2.05	2.05
2.06	2.06
2.07	2.07
2.08	2.08
2.09	2.09
2.10	2.10
2.11	2.11
2.12	2.12
2.13	2.13
2.14	2.14
2.15	2.15
2.16	2.16
2.17	2.17
2.18	2.18
2.19	2.19
2.20	2.20
2.21	2.21
2.22	2.22
2.23	2.23
2.24	2.24
2.25	2.25
2.26	2.26
2.27	2.27
2.28	2.28
2.29	2.29
2.30	2.30
2.31	2.31
2.32	2.32
2.33	2.33
2.34	2.34
2.35	2.35
2.36	2.36
2.37	2.37
2.38	2.38
2.39	2.39
2.40	2.40
2.41	2.41
2.42	2.42
2.43	2.43
2.44	2.44
2.45	2.45
2.46	2.46
2.47	2.47
2.48	2.48
2.49	2.49
2.50	2.50
2.51	2.51

Supplier
Name

Total	100%
-------	------

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending [1][2] [8][8]
Mo. Year

Quantity manufactured N/A kg

Quantity imported N/A kg

Quantity processed 982,901 kg

Year ending [1][2] [8][7]
Mo. Year

Quantity manufactured N/A kg

Quantity imported N/A kg

Quantity processed 992837 kg

Year ending [1][2] [8][6]
Mo. Year

Quantity manufactured N/A kg

Quantity imported N/A kg

Quantity processed 975,565 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

N/A

☐ Continuous process 1

Semicontinuous process 2

Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process 1
- ☐ Semicontinuous process ②
- ☐ Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- ☐ Manufacturing capacity N/A kg/yr
- ☐ Processing capacity 1,106,000 kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	<u>N/A</u>	<u>N/A</u>	<u>0</u>
Amount of decrease	<u>N/A</u>	<u>N/A</u>	<u>DECREASE TO 0 IN 1990</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year Average
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured	<u>N/A</u>	<u>N/A</u>
Processed	<u>230</u>	<u>20</u>

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured	<u>N/A</u>	<u>N/A</u>
Processed	<u>N/A</u>	<u>N/A</u>

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured	<u>N/A</u>	<u>N/A</u>
Processed	<u>N/A</u>	<u>N/A</u>

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

NA
Maximum daily inventory kg
Average monthly inventory kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

unknown

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X)-this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a. Product Types ¹	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users ²
B	100 %	100 %	N/A

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
B	100%	100%	N/A

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
N/A	N/A	N/A	N/A

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet:

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

☐ Truck N/A 1
NA Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
or prepared by your customers during the reporting year for use under each category
CBI of end use listed (i-iv).

☐ Category of End Use N/A
NA i. Industrial Products
Chemical or mixture kg/yr
Article kg/yr
ii. Commercial Products
Chemical or mixture kg/yr
Article kg/yr
iii. Consumer Products
Chemical or mixture kg/yr
Article kg/yr
iv. Other
Distribution (excluding export) kg/yr
Export kg/yr
Quantity of substance consumed as reactant kg/yr
Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.

CBI The average price is the market value of the product that was traded for the listed substance.

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.	<u>N/A</u>	<u>N/A</u>
The listed substance was transferred from a different company site.	<u>N/A</u>	<u>N/A</u>
The listed substance was purchased directly from a manufacturer or importer.	<u>982,901</u>	<u>2.68</u>
The listed substance was purchased from a distributor or repackager.	<u>N/A</u>	<u>N/A</u>
The listed substance was purchased from a mixture producer.	<u>N/A</u>	<u>N/A</u>

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

- ☐ Truck ①
- Railcar 2
- Barge, Vessel 3
- Pipeline 4
- Plane 5
- Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

- 3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) 10

- b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders N/A mmHg
Tank rail cars N/A mmHg
Tank trucks N/A mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

☐ N/A

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	982,901	70% (From MSDS)
Class II chemical	N/A	N/A
Polymer	N/A	N/A

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	Manufacture	Import	Process
Technical grade #1	<u>N/A</u> % purity	<u>N/A</u> % purity	<u>70</u> % purity
Technical grade #2	<u>N/A</u> % purity	<u>N/A</u> % purity	<u> </u> % purity
Technical grade #3	<u>N/A</u> % purity	<u>N/A</u> % purity	<u> </u> % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source (2)

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI
[]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture N/A	1	2	3	4	5
Import N/A	1	2	3	4	5
Process	1	2	(3)	4	5
Store	1	2	(3)	4	5
Dispose	1	2	(3)	4	5
Transport N/A	1	2	3	4	5

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

NA

Physical
State

N/A

Manufacture Import Process Store Dispose Transport

Dust

<1 micron

1 to <5 microns

5 to <10 microns

Powder

<1 micron

1 to <5 microns

5 to <10 microns

Fiber

<1 micron

1 to <5 microns

5 to <10 microns

Aerosol

<1 micron

1 to <5 microns

5 to <10 microns

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis: unknown

Absorption spectrum coefficient (peak) (1/M cm) at _____ nm

Reaction quantum yield, ϕ at _____ nm

Direct photolysis rate constant, k_p , at ... l/hr _____ latitude

b. Oxidation constants at 25°C: unknown

For 1O_2 (singlet oxygen), k_{ox} 1/M hr

For RO_2 (peroxy radical), k_{ox} 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... unknown mg/l

d. Biotransformation rate constant: unknown

For bacterial transformation in water, k_b ... 1/hr

Specify culture

e. Hydrolysis rate constants: unknown

For base-promoted process, k_B 1/M hr

For acid-promoted process, k_A 1/M hr

For neutral process, k_N 1/hr

f. Chemical reduction rate (specify conditions) unknown

g. Other (such as spontaneous degradation) ...

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	<u>unknown</u>
Atmosphere	<u>unknown</u>
Surface water	<u>unknown</u>
Soil	<u>unknown</u>

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

unknown

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____

5.03 Specify the octanol-water partition coefficient, K_{ow} ... unknown at 25°C
 Method of calculation or determination _____

5.04 Specify the soil-water partition coefficient, K_d unknown at 25°C
 Soil type _____

5.05 Specify the organic carbon-water partition coefficient, K_{oc} unknown at 25°C

5.06 Specify the Henry's Law Constant, H unknown atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
<u>Unknown</u>		

¹Use the following codes to designate the type of test:

F = Flowthrough
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

NA

Market	Quantity Sold or Transferred (kg/yr)	Total Sales Value (\$/yr)
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

NA

CBI

☐

There are no known commercially feasible substitutes

Substitute

Cost (\$/kg)

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

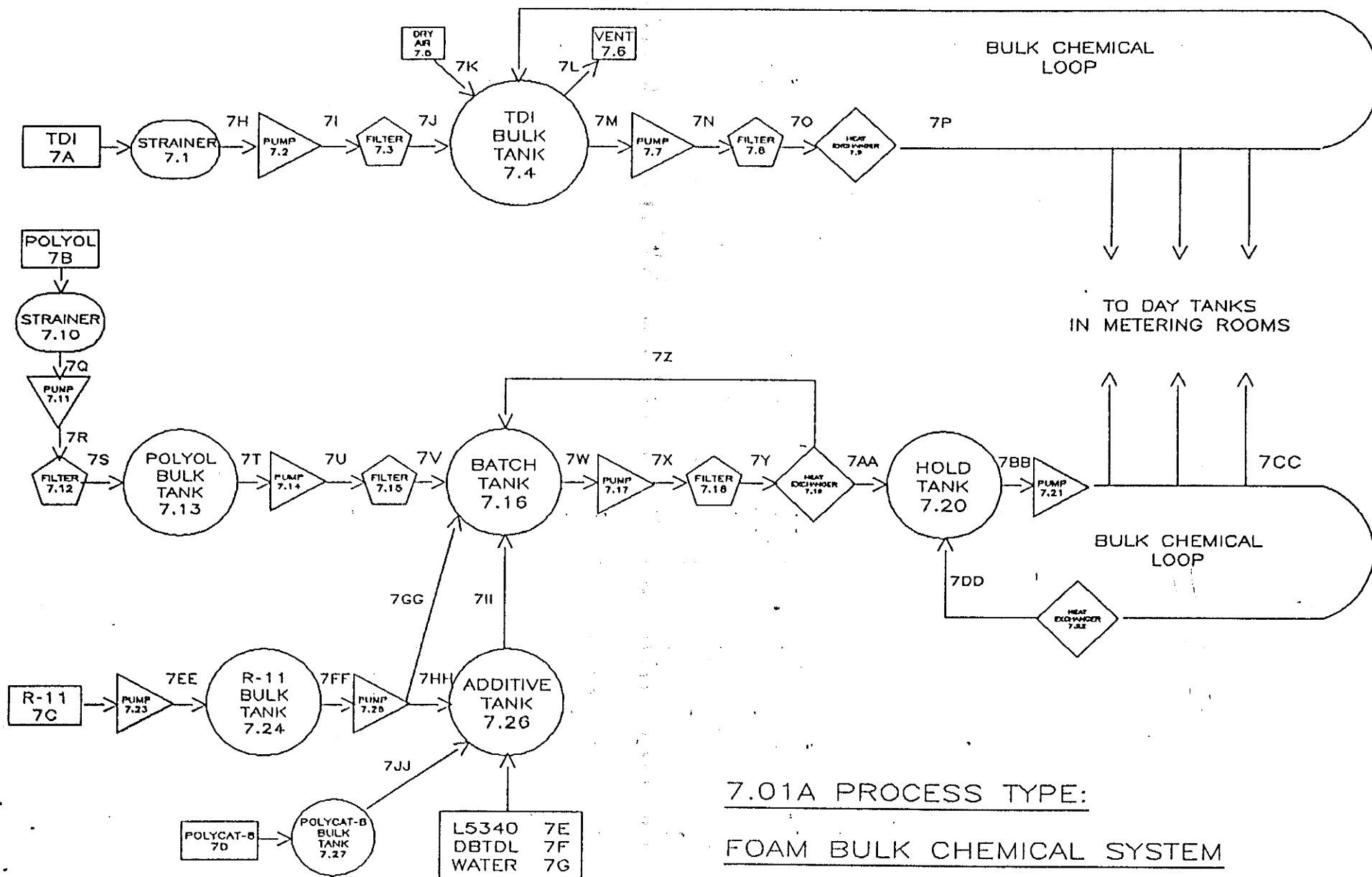
PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type

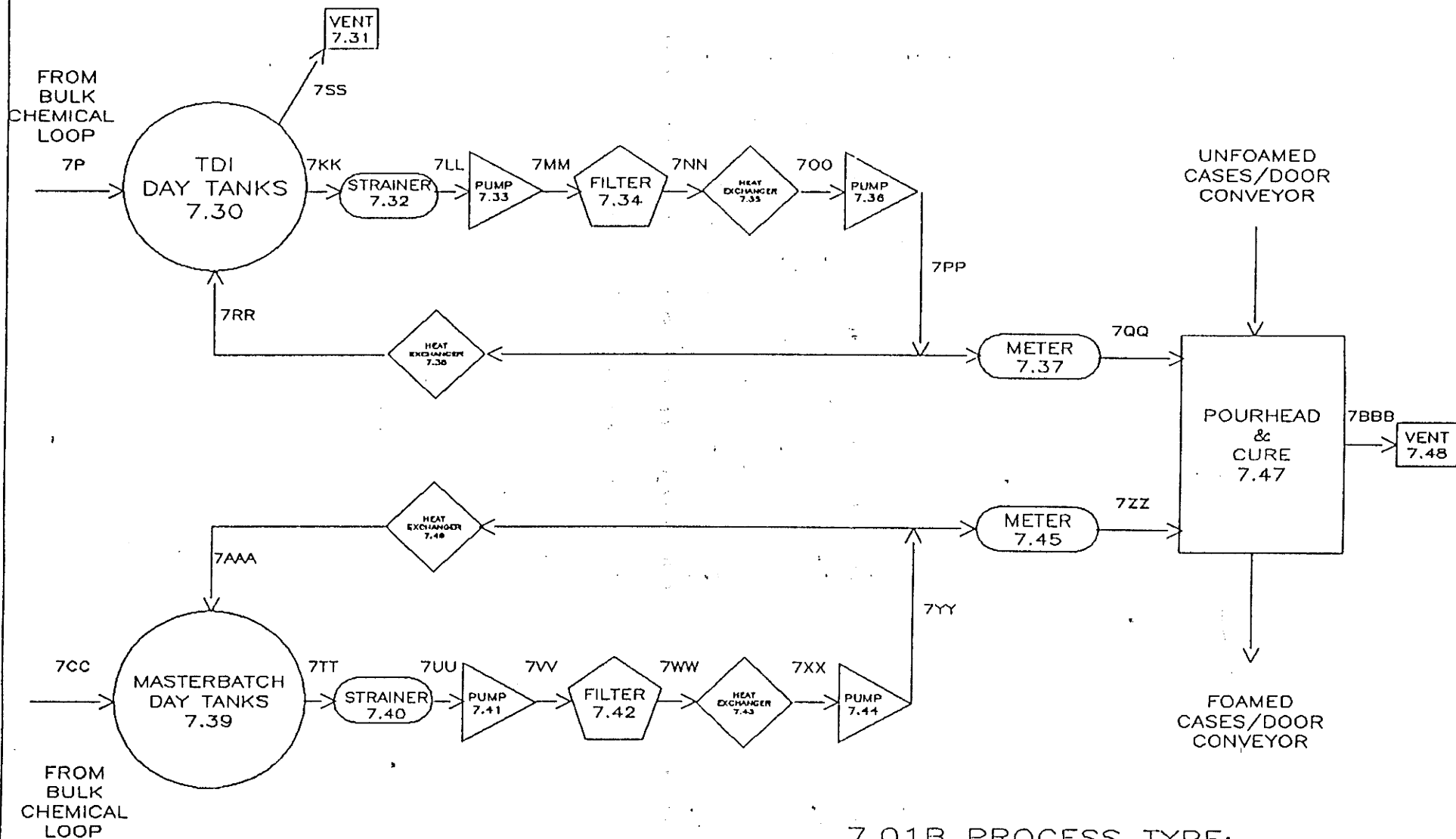
☒ Mark (X) this box if you attach a continuation sheet.



7.01A PROCESS TYPE:

FOAM BULK CHEMICAL SYSTEM

42A



7.01B PROCESS TYPE:

CASE/DOOR FOAM SYSTEM

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type _____

NA

☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 A

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.1</u>	<u>60 MESH STRAINER</u>	<u>AMBIENT</u>	<u><760</u>	<u>STAINLESS</u>
<u>7.2</u>	<u>GEAR PUMP</u>	<u>AMBIENT</u>	<u>2020</u>	<u>STAINLESS</u>
<u>7.3</u>	<u>BAG FILTER</u>	<u>AMBIENT</u>	<u>2020</u>	<u>STAINLESS</u>
<u>7.4</u>	<u>TANK</u>	<u>AMBIENT</u>	<u>1260</u>	<u>STEEL</u>
<u>7.5</u>	<u>TANK</u>	<u>AMBIENT</u>	<u>1260</u>	<u>STEEL</u>
<u>7.6</u>	<u>EMERGENCY VENT</u>	<u>AMBIENT</u>	<u>3800</u>	<u>STEEL</u>
<u>7.7</u>	<u>GEAR PUMP</u>	<u>AMBIENT</u>	<u>6840</u>	<u>STAINLESS</u>
<u>7.8</u>	<u>BAG FILTER</u>	<u>AMBIENT</u>	<u>6340</u>	<u>STAINLESS</u>
<u>7.9</u>	<u>HEAT EXCHANGER</u>	<u>20°C</u>	<u>6340</u>	<u>STAINLESS</u>
<u>7.10</u>	<u>60 MESH STRAINER</u>	<u>AMBIENT</u>	<u><760</u>	<u>STEEL</u>

☒ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7,01 A

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.11</u>	<u>GEAR PUMP</u>	<u>AMBIENT</u>	<u>2020</u>	<u>STEEL</u>
<u>7.12</u>	<u>BAG FILTER</u>	<u>AMBIENT</u>	<u>2020</u>	<u>STEEL</u>
<u>7.13</u>	<u>TANK</u>	<u>AMBIENT</u>	<u>1260</u>	<u>STEEL</u>
<u>7.14</u>	<u>GEAR PUMP</u>	<u>AMBIENT</u>	<u>6840</u>	<u>STEEL</u>
<u>7.15</u>	<u>BAG FILTER</u>	<u>AMBIENT</u>	<u>6840</u>	<u>STEEL</u>
<u>7.16</u>	<u>TANK</u>	<u>20°C</u>	<u>1260</u>	<u>STEEL</u>
<u>7.17</u>	<u>GEAR PUMP</u>	<u>20°C</u>	<u>5820</u>	<u>STEEL</u>
<u>7.18</u>	<u>BAG FILTER</u>	<u>20°C</u>	<u>5320</u>	<u>STEEL</u>
<u>7.19</u>	<u>HEAT EXCHANGER</u>	<u>20°C</u>	<u>5320</u>	<u>STEEL</u>
<u>7.20</u>	<u>TANK</u>	<u>20°C</u>	<u>1260</u>	<u>STEEL</u>

☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 A

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.21</u>	<u>GEAR Pump</u>	<u>20°</u>	<u>2025</u>	<u>STEEL</u>
<u>7.22</u>	<u>HEAT EXCHANGER</u>	<u>20°</u>	<u>2025</u>	<u>STEEL</u>
<u>7.23</u>	<u>GEAR Pump</u>	<u>20°</u>	<u>1520</u>	<u>STEEL</u>
<u>7.24</u>	<u>TANK</u>	<u>20°</u>	<u>1520</u>	<u>STEEL</u>
<u>7.25</u>	<u>GEAR Pump</u>	<u>20°</u>	<u>1520</u>	<u>STEEL</u>
<u>7.26</u>	<u>TANK</u>	<u>15-20°</u>	<u>1520</u>	<u>STEEL</u>
<u>7.27</u>	<u>TANK</u>	<u>AMBIENT</u>	<u>1520</u>	<u>STEEL</u>
<u>7.28</u>				
<u>7.29</u>				
<u>7.30</u>	<u>TANK</u>	<u>22-23</u>	<u>1520</u>	<u>STEEL</u>

☒ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 B

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.31</u>	<u>EMERGENCY VENT</u>	<u>22-23</u>	<u>3800</u>	<u>STEEL</u>
<u>7.32</u>	<u>60 MESH STRAINER</u>	<u>22-23</u>	<u>800</u>	<u>STAINLESS</u>
<u>7.33</u>	<u>GEAR PUMP</u>	<u>22-23</u>	<u>5825</u>	<u>STAINLESS</u>
<u>7.34</u>	<u>BAG FILTER</u>	<u>22-23</u>	<u>5825</u>	<u>STAINLESS</u>
<u>7.35</u>	<u>HEAT EXCHANGER</u>	<u>22-23</u>	<u>5325</u>	<u>STAINLESS</u>
<u>7.36</u>	<u>GEAR PUMP</u>	<u>22-23</u>	<u>40,000 to 50,000</u>	<u>STAINLESS</u>
<u>7.37</u>	<u>ORIFACE PLATE</u>	<u>22-23</u>	<u>40,000 to 50,000</u>	<u>STAINLESS</u>
<u>7.38</u>	<u>HEAT EXCHANGER</u>	<u>22 to 25</u>	<u>4360</u>	<u>STAINLESS</u>
<u>7.39</u>	<u>TANK</u>	<u>20°</u>	<u>1260</u>	<u>STEEL</u>
<u>7.40</u>	<u>60 MESH STRAINER</u>	<u>20°</u>	<u>800</u>	<u>STEEL</u>

☒ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 B

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.41</u>	<u>GEAR PUMP</u>	<u>22-23</u>	<u>5825</u>	<u>STAINLESS</u>
<u>7.42</u>	<u>BAG FILTER</u>	<u>22-23</u>	<u>5825</u>	<u>STAINLESS</u>
<u>7.43</u>	<u>HEAT EXCHANGER</u>	<u>22-23</u>	<u>5325</u>	<u>STAINLESS</u>
<u>7.44</u>	<u>GEAR PUMP</u>	<u>22-23</u>	<u>40,000 to 50,000</u>	<u>STAINLESS</u>
<u>7.45</u>	<u>ORIFICE METER</u>	<u>22-23</u>	<u>40,000 to 50,000</u>	<u>STAINLESS</u>
<u>7.46</u>	<u>HEAT EXCHANGER</u>	<u>22 to 25</u>	<u>4360</u>	<u>STAINLESS</u>
<u>7.47</u>	<u>POUR HEAD</u>	<u>30 to 35</u>	<u>33,000 to 43,000</u>	<u>STAINLESS</u>
<u>7.48</u>	<u>VENT.</u>	<u>AMBIENT</u>	<u>ATMOSPHERIC</u>	<u>STAINLESS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01A BULK

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
<u>7A, 7H, 7I, 7J, 7M, 7N, 7O, 7P</u>	<u>TDI</u>	<u>OL</u>	<u>982,901</u>
<u>7B, 7Q, 7R, 7S, 7T, 7U, 7V</u>	<u>POLYOL</u>	<u>OL</u>	<u>815,403</u>
<u>7W, 7X, 7Y, 7Z, 7AA, 7BB, 7CC, 7DD</u>	<u>MASTER BATCH</u>	<u>OL</u>	<u>1,207,728</u>
<u>7C, 7EE, 7FF</u>	<u>FREON R-11</u>	<u>OL</u>	<u>366,873</u>
<u>7GG</u>	<u>FREON R-11 (MAKEUP)</u>	<u>OL</u>	<u>1,007</u>
<u>7HH</u>	<u>FREON R-11</u>	<u>OL</u>	<u>365,830</u>
<u>7D, 7JJ</u>	<u>POLYCAT 8</u>	<u>OL</u>	<u>13,175</u>
<u>7-E</u>	<u>L5340 SILICON</u>	<u>OL</u>	<u>6,044</u>

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 701A BULK

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
<u>7F</u>	<u>DIBUTYL TIN DILAURATE</u>	<u>OL</u>	<u>618</u>
<u>7G</u>	<u>WATER</u>	<u>AL</u>	<u>7131</u>
<u>7H</u>	<u>MASTER BATCH ADDITIVE</u>	<u>OL</u>	<u>393.048</u>
<u>7K, 7L</u>	<u>Dev Air</u>	<u>GU</u>	<u>132</u>

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☒ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 B CASE Door System

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
7P, 7KK, 7LL, 7MM, 7NN 700, 7RR, 7QQ	TDI	OL	
7SS	TDI + Dry Air Vapors	GU	
7CC, 7TT, 7UU, 7VV, 7WW 7XX, 7YY, 7ZZ, 7AAA	MASTER BATCH	OL	
7BBB	MIESAMOL & AIR	OL	

¹ Use the following codes to designate the physical state for each process stream:

- GC = Gas (condensable at ambient temperature and pressure)
- GU = Gas (uncondensable at ambient temperature and pressure)
- SO = Solid
- SY = Sludge or slurry
- AL = Aqueous liquid
- OL = Organic liquid
- IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s).
If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type 7.01 A Bulk System

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concentrations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>7A, 7H, 7J, 7J, 7M</u> <u>7N, 7O, 7P</u>	<u>TDI</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>7B, 7Q, 7R, 7S, 7T, 7U, 7V</u>	<u>Polyol</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>7EE, 7FF, 7G, 7GG</u> <u>7HH,</u>	<u>FREON R-11</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s).
 If a process block flow diagram is provided for more than one process type, photocopy
 this question and complete it separately for each process type. (Refer to the
 CBI instructions for further explanation and an example.)

☐ Process type 7.01 A Bulk System

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concen- trations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>70, 7JT</u>	<u>POLYCAT 8</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>7II</u>	<u>POLYCAT 8 R-III</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
	<u>DBTL, WATER</u>			
	<u>SILICONE</u>			
<u>7W, 7X, 7Y, 7Z 7AA</u>	<u>POLYOL, POLYCAT 8</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
<u>7BB, 7CC, 7DD</u>	<u>R-II, DBTL, WATER</u>			
	<u>SILICONE</u>			

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type 7.01 B CASE Door System

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concentrations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
7P, 7KK, 7LL, 7MM, 7NN 7OO, 7RR, 7PP, 7QQ	<u>TDI</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>
7L, 7TT, 7UU, 7VV 7WW, 7XX, 7YY 7ZZ, 7AAA	<u>Polycarbonate, Polyurethane</u> <u>DIBUTYL TIN DILAURATE</u> <u>FREON R-11</u> <u>SILICONE, WATER</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	NA	
2		
3		
4		
5		

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type :.....

☒ Mark (X) this box if you attach a continuation sheet.

RESIDUAL TREATMENT PROCESS

8.01A (7.01A)

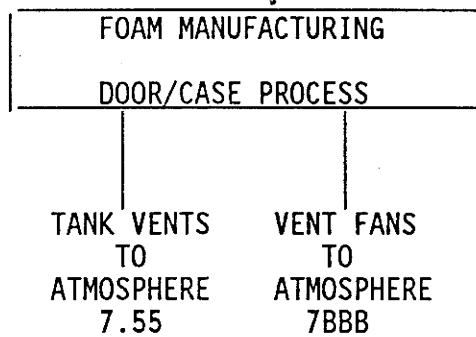
FOAM MANUFACTURING
BULK PROCESS

TANK VENTS
TO
ATMOSPHERE
7.6

50 A

RESIDUAL TREATMENT PROCESS

8.01B (7.01B)



50B

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[] Process type (7.01B) 8.01B Process Door + Case

a. b. c. d. e. f. g.

[illegible]

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

NA ⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		
<u>6</u>		

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

58

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

58

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

☐

NA

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

☐

NA

Incinerator	Air Pollution Control Device ¹	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>MID 50's</u>	<u>10 yrs</u>
Age at hire	<u>X</u>	<u>X</u>	<u>MID 50's</u>	<u>10 yrs</u>
Work history of individual before employment at your facility	← <u>NOT KEPT</u> →			
Sex	<u>X</u>	<u>X</u>	<u>EARLY 70's</u>	<u>10 yrs</u>
Race	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>10 yrs</u>
Job titles	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>10</u>
Start date for each job title	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>10</u>
End date for each job title	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>10</u>
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>30 yrs</u>
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>30 yrs</u>
Employee medical history	<u>X</u>	<u>X</u>	<u>MID 50's</u>	<u>30 yrs +</u>
Employee smoking history	<u>X</u>	<u>X</u>	<u>EARLY 80's</u>	<u>9 yrs</u>
Accident history	<u>X</u>	<u>V</u>	<u>1970</u>	<u>5 yrs</u>
Retirement date	<u>X</u>	<u>X</u>	<u>MID 50's</u>	<u>10 yrs</u>
Termination date	<u>X</u>	<u>X</u>	<u>MID 50's</u>	<u>10 yrs</u>
Vital status of retirees	<u>X</u>	<u>X</u>	<u>EARLY 1900's</u>	<u>DEATH OR UNTIL SURVIVORS BENEFITS EXPIRE</u>
Cause of death data	<u>X</u>	<u>X</u>	<u>1970</u>	<u>FOREVER</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
Activity	Process Category	Yearly Quantity (kg)	Total Workers	Total Worker-Hours
Manufacture of the listed substance	Enclosed	N/A		
	Controlled Release	N/A		
	Open	N/A		
* On-site use as reactant	Enclosed	N/A		
	Controlled Release	238	4	7100
	Open	N/A		
On-site use as nonreactant	Enclosed	N/A		
	Controlled Release	N/A		
	Open	N/A		
On-site preparation of products	Enclosed	N/A		
	Controlled Release	N/A		
	Open	N/A		

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

MAINTENANCE

B

CONTROL MAN

C

FOREMEN / UNIT MANAGERS

D

PROCESS ENGINEERS

E

HAZARDOUS WASTE OPERATORS

F

SPILL CLEAN UP CREW

G

SAFETY ENGINEER

H

LAB & QUALITY CONTROL

I

J

☐ Mark (X) this box if you attach a continuation sheet.

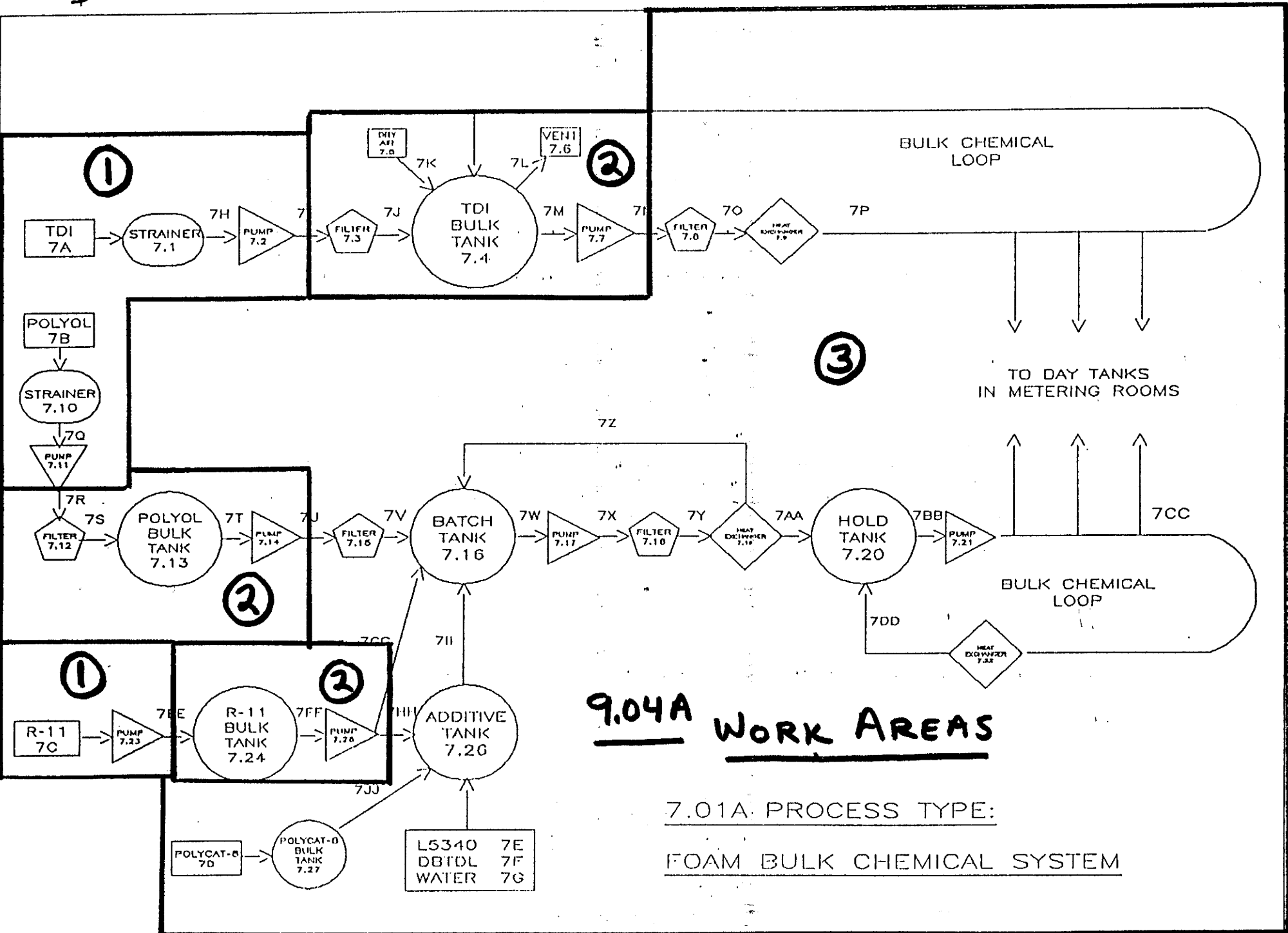
9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type

☒ Mark (X) this box if you attach a continuation sheet.

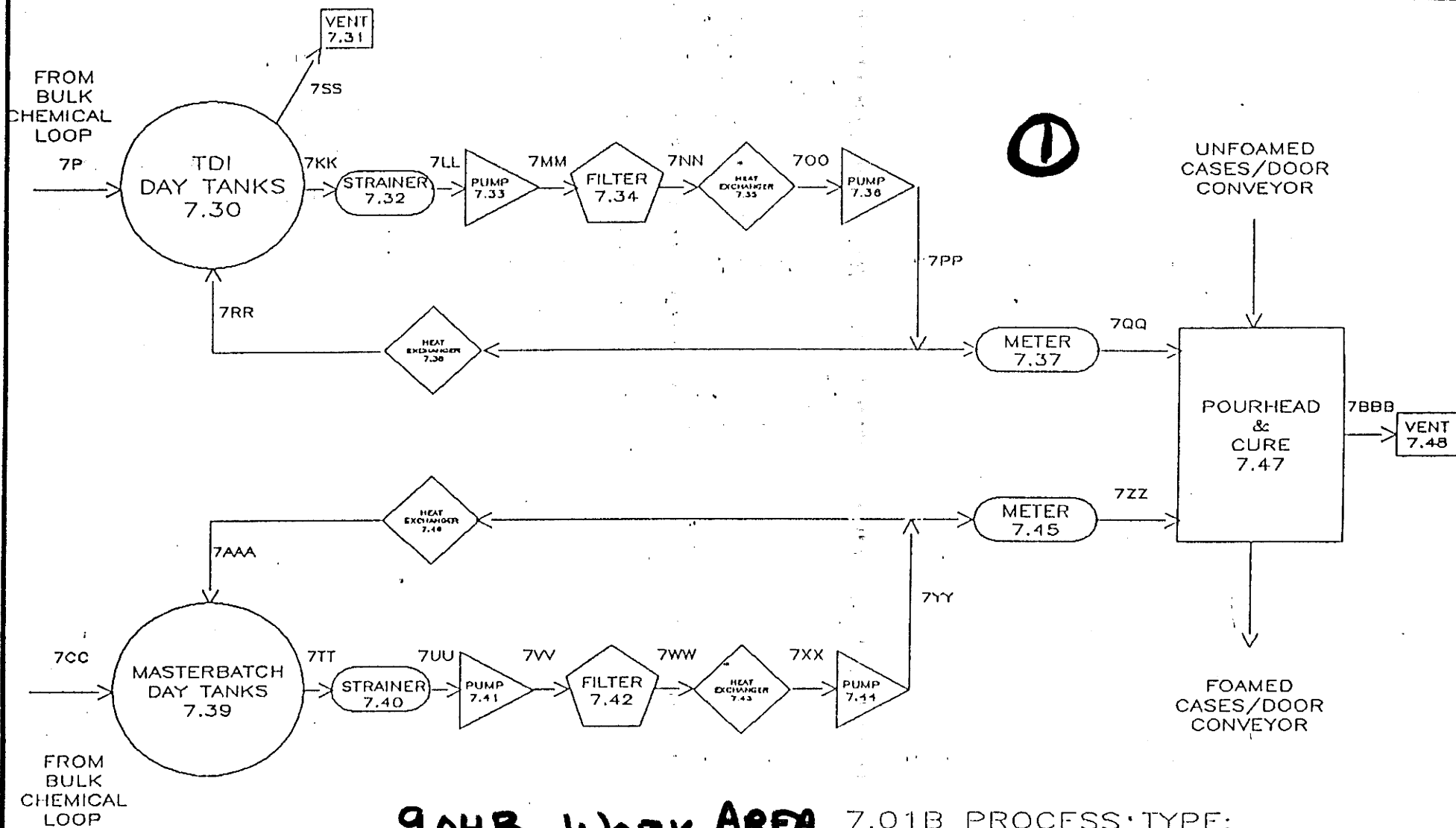
416



9.04A WORK AREAS

7.01A PROCESS TYPE:
FOAM BULK CHEMICAL SYSTEM

91B



9.04B WORK AREA

7.01B PROCESS TYPE:

CASE/DOOR FOAM SYSTEM

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 904 B

Work Area ID

Description of Work Areas and Worker Activities

1	CHEMICAL MIXING (TDI + MASTER BATCH) HIGH PRESSURE FOAM
X 1 CONT	INJECTION / PROCESS CONTROLLING
3	
4	
5	
6	
7	
8	
9	
10	

☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 904 A

Work Area ID

Description of Work Areas and Worker Activities

1	<u>BULK RECEIVING</u>	<u>UNLOAD TANK TRUCKS</u>
2	<u>BULK STORAGE</u>	<u>STORAGE & TRANSFER</u>
3	<u>CHEMICAL MIXING (MASTER BATCH)</u>	<u>PROCESS CONTROLS</u>
4		
5		
6		
7		
8		
9		
10		

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ CBI Process type 9.04 A → (7.01 A) BULK

Work area 1

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	6	SKIN CONTACT INITIALIZATION	OL GU	A	<12
B	3	SKIN CONTACT INITIALIZATION	OL GU	C	24
F	4	SKIN CONTACT INITIALIZATION	OL GU	A	<12
I	1	SKIN CONTACT INITIALIZATION	OL GU	A	<12
G	1	SKIN CONTACT INITIALIZATION	OL GU	A	<12

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 9.04 A → (701 A) BULK

Work area 2

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	6	SKIN CONTACT INHALATION	OL GU	A	< 12
B	3	SKIN CONTACT INHALATION	OL GU	B	230
F	1	SKIN CONTACT INHALATION	OL GU	A	< 12
G	1	SKIN CONTACT INHALATION	OL GU	A	< 12

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type 9.04 (701A) BULK
Work area 3

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	6	SKIN CONTACT INHALATION	OL GU	A	230
B	3	SKIN CONTACT INHALATION	OL GU	C	230
C	2	SKIN CONTACT INHALATION	OL GU	A	230
D	1	SKIN CONTACT INHALATION	OL GU	A	50
E	1	SKIN CONTACT INHALATION	OL GU	A	<12
F	4	SKIN CONTACT INHALATION	OL GU	A	<12
G	1	SKIN CONTACT INHALATION	OL GU	A	24
H	1	SKIN CONTACT INHALATION	OL GU	A	230

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid

SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type 9.04 (701B) PROCESS

Work area 1

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	6	SKIN CONTACT INHALATION	OL GU	A	230
B	3	SKIN CONTACT INHALATION	OL GU	C	230
C	2	SKIN CONTACT INHALATION	OL GU	A	230
D	1	SKIN CONTACT INHALATION	OL GU	A	50
E	1	SKIN CONTACT INHALATION	OL GU	A	<12
F	4	SKIN CONTACT INHALATION	OL GU	A	<12
G	1	SKIN CONTACT INHALATION	OL GU	A	24
H	1	SKIN CONTACT INHALATION	OL GU	A	230

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☒ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

OCCASIONALLY EXCURSIONS ABOVE 0.02 ppm MAY OCCUR WHERE PERSONAL PROTECTIVE EQUIPMENT IS USED.

94

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 7.01 B
 Work area 1

Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m ³ , other-specify)
	<u>< 0.02 ppm</u>	<u>Normally < 0.02 ppm</u>

OCCASIONALLY EXCURSIONS ABOVE 0.02 ppm
 MAY OCCUR WHERE PERSONAL PROTECTIVE EQUIPMENT
 IS USED.

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	<u>3</u>	<u>IRREG.</u>	<u>1</u>	<u>D</u>	<u>Y</u>	<u>30yrs</u>
General work area (air)	<u>2-3</u>	<u>CONT.</u>	<u>CONT.</u>	<u>D</u>	<u>Y</u>	<u>30yrs.</u>
Wipe samples						
Adhesive patches						
Blood samples	<u>3</u>	<u>1</u>	<u>1</u>	<u>D</u>	<u>N</u>	<u>30 yrs.</u>
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) CHEMIST Jim Miller

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

<input type="checkbox"/> Sample Type	Sampling and Analytical Methodology
PERSONAL BREATHING ZONE	AIR PUMP TREATED FILTER
GENERAL WORK AREA	TAPE SAMPLER COLOR CHANGE
BLOOD SAMPLES	BLOOD CHEMISTRY

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

<input type="checkbox"/> Equipment Type ¹	Detection Limit ²	Manufacturer	Averaging Time (hr)	Model Number
E	(A) < 0.02 ppm	MDA	CONT.	7100
E	(A) < 0.02	MDA	CONT	TLO 1
H	(A) < 0.02	GMD	CONT	AUTO STEP
D	(A) < 0.02	IN HOUSE	4 Hrs	NA

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) IMPINGER

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μm^3)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

SPIROMETRY

YEARLY

BLOOD TEST

YEARLY

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type 7,01A

Work area ALL

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>			
General dilution	<u>Y</u>			
Other (specify)				
<u>ENCLOSURE</u>	<u>Y</u>	<u>1987</u>		
Vessel emission controls	<u>NA</u>			
Mechanical loading or packaging equipment	<u>NA</u>			
Other (specify)				

[X] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 7.01B

Work area All

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>			
General dilution	<u>Y</u>			
Other (specify)				
<u>ENCLOSURE</u>	<u>Y</u>	<u>1987</u>		
Vessel emission controls	<u>NA</u>			
Mechanical loading or packaging equipment	<u>NA</u>			
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 7.01 A
Work area (213)

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
<u>PROCESS ENCLOSURE FOR CONTROL</u>	<u>UNKNOWN</u>
<u>IN CASE OF SPILLS</u>	

☒ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 7.01B
Work area ALL (1)

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
<u>PROCESS ENCLOSED FOR CONTROL</u>	<u>UNKNOWN</u>
<u>IN CASE OF SPILLS</u>	

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 2.01 A
Work area ALL

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>Y</u>
Coveralls	<u>Y</u>
Bib aprons	<u>Y</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type 701 B
Work area ALL

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>Y</u>
Coveralls	<u>Y</u>
Bib aprons	<u>Y</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☒ Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 A

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
<u>3</u>	<u>AIR SUPPLIED POSITIVE PRESS.</u>	<u>B</u>	<u>N</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate average usage:

A = Daily

B = Weekly

C = Monthly

D = Once a year

E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative

QT = Quantitative

☒ Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 B

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
<u>7</u>	<u>Air Supplied Positive Pres.</u>	<u>B</u>	<u>N</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate average usage:

- A = Daily
- B = Weekly
- C = Monthly
- D = Once a year
- E = Other (specify) _____

²Use the following codes to designate the type of fit test:

- QL = Qualitative
- QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type 7,01 A

Work area ALL

AUTOMATIC EXPOSURE MONITORING

RESPIRATOR PROTECTION

PLACARDING

LIMITED ACCESS

TRAINING PROGRAM

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type 7,01 A

Work area ALL

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping				
Vacuuming				
Water flushing of floors				
Other (specify)				
SPILL CLEAN UP	X			
CHEMICAL NEUTRALIZATION				
PROPER DISPOSAL				

☒ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type 7.01 B

Work area ALL

AUTOMATIC EXPOSURE MONITORING
RESPIRATOR PROTECTION
PLACARDING
LIMITED ACCESS
TRAINING PROGRAM

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type 7.01 B

Work area ALL

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping				
Vacuuming				
Water flushing of floors				
Other (specify)				
SPILL CLEAN UP	X			
CHEMICAL NEUTRALIZATION & PROPER DISPOSAL				

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

NA

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes (1)

No 2

If yes, where are copies of the plan maintained? THROUGHOUT FACILITY

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes (1)

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

NA

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ①
- Urban area 2
- Residential area ③
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility ⑧
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 041 ° 51 ' 04 "

Longitude 087 ° 45 ' 03 "

UTM coordinates Zone _____, Northing _____, Easting _____

~~10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.~~

~~Average annual precipitation inches/year~~

~~Predominant wind direction~~

~~10.04 Indicate the depth to groundwater below your facility.~~

~~Depth to groundwater meters~~

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity

Environmental Release

Air

Water

Land

Manufacturing

N/A

N/A

N/A

Importing

N/A

N/A

N/A

Processing

Y

N

N

Otherwise used

N/A

N/A

N/A

Product or residual storage

N

N/A

N/A

Disposal

N/A

N/A

N/A

Transport

N/A

N/A

N/A

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

Quantity discharged to the air	<u>492</u>	kg/yr ± <u>5</u> %
Quantity discharged in wastewaters	<u>N/A</u>	kg/yr ± ____ %
Quantity managed as other waste in on-site treatment, storage, or disposal units	<u>0</u>	kg/yr ± ____ %
Quantity managed as other waste in off-site treatment, storage, or disposal units	<u>5204</u>	kg/yr ± <u>5</u> %

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

7.01A & 7.01B

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>

CONTROL TECHNOLOGIES ARE NOT USED
TDI IS RELEASED IN TIRE FOAM MANUFACTURING

☐

Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

7.01B

Point Source
ID Code

7.BBB

Description of Emission Point Source

VENT FANS FOUR BOOTH

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

<input type="checkbox"/>	Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
	7BBB	V	.2137	230	1200	.00005	UK	UK	UK

¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor -- Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent, Type ³
7B88(1)	12.8	.554	26	10.5	11.3	122	V
7B88(2)	12.8	1.067	20	10.6	11.3	122	V
7B88(3)	12.8	.653	65	10.7	11.3	122	V

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09.
Photocopy this question and complete it separately for each emission point source.

CBI

☐

N/A

Point source ID code

Size Range (microns)

Mass Fraction (% \pm % precision)

< 1

≥ 1 to < 10

≥ 10 to < 30

≥ 30 to < 50

≥ 50 to < 100

≥ 100 to < 500

≥ 500

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01 A BULK
 Percentage of time per year that the listed substance is exposed to this process type 100 %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals ¹						
Packed	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Mechanical	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Double mechanical ²	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>4</u>	<u>NA</u>	<u>NA</u>
Compressor seals ¹	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2</u>	<u>NA</u>	<u>NA</u>
Flanges	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>22</u>	<u>NA</u>	<u>NA</u>
Valves						
Gas ³	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>10</u>	<u>NA</u>	<u>NA</u>
Pressure relief devices ⁴ (Gas or vapor only)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>1</u>	<u>NA</u>	<u>NA</u>
Sample connections						
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>3</u>	<u>NA</u>	<u>NA</u>
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2</u>	<u>NA</u>	<u>NA</u>

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 7.01B PROCESS DRYER CASE

Percentage of time per year that the listed substance is exposed to this process type 100 %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						
Packed	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Mechanical	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Double mechanical ²	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>4</u>	<u>NA</u>	<u>NA</u>
Compressor seals ¹	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>4</u>	<u>NA</u>	<u>NA</u>
Flanges	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>26</u>	<u>NA</u>	<u>NA</u>
Valves						
Gas ³	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Pressure relief devices ⁴ (Gas or vapor only)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>1</u>	<u>NA</u>	<u>NA</u>
Sample connections						
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2</u>	<u>NA</u>	<u>NA</u>
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>0</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2</u>	<u>NA</u>	<u>NA</u>

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

☐

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel ¹	c. Control Device	d. Estimated Control Efficiency ²
8	70	RELIEF VALVE	100%
8	70	RUPTURE DISC	100%

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type 701A & 701B

Equipment Type	Leak Detection	Detection Device ¹	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
	Concentration (ppm or mg/m ³) Measured at _____ Inches from Source				
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

¹Use the following codes to designate detection device:

(POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
0 = Other (specify) _____

(*) NO FORMAL LEAK PROGRAM
AREA MONITORING USED AS A MEANS OF LEAK
DETECTION

☐ Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

Vessel Type ¹	Floating Roof Seals ²	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Volume (l)	Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
P	NA	70	797777	50	100	2.9	7.5	19000	VENT	UK	20.3	100	C
P	NA	70	79777	50	20	2.1	2.3	3800	VENT	UK	20.3	100	C

¹Use the following codes to designate vessel type:

- F = Fixed roof
- CIF = Contact internal floating roof
- NCIF = Noncontact internal floating roof
- EFR = External floating roof
- P = Pressure vessel (indicate pressure rating)
- H = Horizontal
- U = Underground

²Use the following codes to designate floating roof seals:

- MS1 = Mechanical shoe, primary
- MS2 = Shoe-mounted secondary
- MS2R = Rim-mounted, secondary
- LM1 = Liquid-mounted resilient filled seal, primary
- LM2 = Rim-mounted shield
- LMW = Weather shield
- VM1 = Vapor mounted resilient filled seal, primary
- VM2 = Rim-mounted secondary
- VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

- C = Calculations
- S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

(X) No Non Routine Releases Above RQ Value.

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
1				
2				
3				
4				
5				
6				

10.24 Specify the weather conditions at the time of each release.

NA

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
1					
2					
3					
4					
5					
6					

☐ Mark (X) this box if you attach a continuation sheet.

APPENDIX I: List of Continuation Sheets

Attach continuation sheets for sections of this form and optional information after this page. In column 1, clearly identify the continuation sheet by listing the question number to which it relates. In column 2, enter the inclusive page numbers of the continuation sheet for each question number.

Question Number
(1)

Continuation
Sheet
Page Numbers
(2)

7.01

42A, 42B

8.01

50A, 50B

9.04

91A, 91B

☐ Mark (X) this box if you attach a continuation sheet.

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RECIPIENT'S COPY

Date

07/05/89

From (Your Name) Please Print

Robert S. Anderson

Your Phone Number (Very Important)

(312) 780-2509

Company

Department/Floor No.

GENERAL ELECTRIC

Street Address

1540 S 54TH AVE.

City

State

ZIP Required

CICERO

IL

60650

To (Recipient's Name) Please Print

ATTN: CAIR REPORTING OFFICE

Recipient's Phone Number (Very Important)

(202) 554-1404

Company

Department/Floor No.

U.S. ENVIRONMENTAL PROTECTION AGENCY

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. * Zip Codes.)

401 M Street, SW

City

State

ZIP Required

Washington

DC

20460

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street
Address

City

State

ZIP Required

PAYMENT ☐ Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card
☐ Cash**SERVICES****DELIVERY AND SPECIAL HANDLING**

PACKAGES

WEIGHT
IN POUNDS
ONLYYOUR DECLARED
VALUEOVER
SIZE

Emp. No.

Date

Federal Express Use

1 ☐ **PRIORITY 1**

Overnight Delivery

6 ☐ **OVERNIGHT
LETTER***2 ☒ **COURIER-PAK**OVERNIGHT
ENVELOPE*7 ☐3 ☐ **OVERNIGHT
BOX**8 ☐4 ☐ **OVERNIGHT
TUBE**9 ☐5 ☐ **STANDARD**Delivery
later than
second business day10 ☐1 ☐ **HOLD FOR PICK-UP** (Fill in Box H)2 ☒ **DELIVER WEEKDAY**3 ☐ **DELIVER SATURDAY** (Extra charge)4 ☐ **DANGEROUS GOODS** (Extra charge)5 ☐ **CONSTANT SURVEILLANCE SERVICE (CSS)** (Extra charge) (Release Signature Not Applicable)6 ☐ **DRY ICE** Lbs.7 ☐ **OTHER SPECIAL SERVICE**8 ☐9 ☐ **SATURDAY PICK-UP** (Extra charge)10 ☐11 ☐12 ☐ **HOLIDAY DELIVERY** (If offered) (Extra charge)

1

2

Total

Total

Total

Received At

1 ☐ Regular Stop2 ☐ On-Call Stop3 ☐ Drop Box4 ☐ B.S.C.5 ☐ Station

FEDEX Corp. Employee No.

Date/Time for FEDEX Use

☐ Cash Received☐ Return Shipment☐ Third Party☐ Chg. To Del.☐ Chg. To Hold

Street Address

City

State

Zip

Received By:

X

Date/Time Received

FedEx Employee Number

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release

Signature:

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

PART #111800

REVISION DATE 10/88

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009

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